

Instructions for the Completion of the Enrollment Request Form (DMAS-437)

If these are handwritten, please print clearly.

1. Check if placing on Statewide Waiting List.

2. If enrolling, check type of Waiver.

3. Identifying Information

- **Coordinating CSB:** Enter the name of the CSB providing (or contracting for) Case Management Services.
- **Provider Number:** Enter the provider number of the CSB named in the previous block.
- **Date of Request:** This is the date that the individual or his/her representative first requested services available for persons with mental retardation. This date might be the date eligibility screening was requested or application for services was made.
- **Social Security Number:** Enter the individual's **9-digit** number.
- **Date Service First Needed:** This is only required for placement on the Statewide Waiting List. This is the date that the individual has been determined diagnostically and functionally eligible for MR Waiver. The individual must be willing to begin services immediately or no longer than 30 days from the date of this request. Individuals who do not require services within the next 30 days, should have their names placed on the CSB Planning List, until such time as services are needed within 30 days. Once an individual is placed on the Statewide Waiting List, the Date Service First Needed will never change.
- **Individual's Name:** Enter the individual's first name, middle initial and last name in the appropriate blocks.
- **Birthdate:** Enter the individual's date of birth in the order "month-day-year."
- **Race** (used for data purposes only): Check the appropriate box that most accurately describes the individual's race.
- **Medicaid Number:** Enter the individual's **12-digit** number.
- **Male/Female:** Check the applicable box to indicate the individual's gender.

4. ICF/MR Level of Functioning

- Enter the most recent date of completion of the LOF. It must be completed no earlier than 6 months prior to the start of MR Waiver services.
- Check the LOF categories met by the individual. The individual must meet at least 2 in order to qualify for MR Waiver services.

5. Current Living Situation

Check the appropriate box that describes the individual's living arrangement at the time of this request (i.e., prior to MR Waiver services).

6. Diagnostic Eligibility

- **Name of evaluator:** Enter the name of the individual who tested and summarized the individual's psychological or developmental evaluation.
- **License/Credentials/Title:** Enter the evaluator's license, credentials or title as it appears on the psychological or developmental evaluation.
- **Date of psychological evaluation:** If the individual is 6 years of age or older or under 6 and desiring Day Support Waiver, enter the date of the most recent psychological.
- **Confirms diagnosis of mental retardation:** Check that this most recent psychological confirms a diagnosis of mental retardation. Check also that this psychological addresses the three required components. Adaptive functioning and age of onset may also be checked if these are addressed in other documents contained in the individual's record, but should be easily accessible for review in the record. All of these 3 elements must be checked for approval.
- **Date . . . developmental evaluation completed:** If the individual is under 6 years of age and desiring the MR Waiver, enter the date of the most recent developmental evaluation confirming developmental risk.
- **Confirms developmental risk** (if the individual is under the age of 6 and desiring the MR Waiver): Check that the most recent developmental evaluation confirms a diagnosis of developmental risk (as defined in Chapter VI). Children under 6 without a diagnosis of mental retardation are not eligible for the DS Waiver.

7. Comments

Space is provided for any necessary explanations or other comments that will assist DMHMRSAS in determining eligibility for enrollment into the MR Waiver.

8. PROJECTED Start Date:

Enter the date it is anticipated that services will begin.

9. Signatures

The case manager or other responsible CSB representative must assure that the requirements listed are met by signing and dating the form, including the phone number of the signer as well.

The CSB MR Director (or a designee) must indicate agreement with this request, sign and date and include the requested start date for services to begin.